Posted Version 3-29-03

SARS Case Report Form **CDC ID#**

1. Name/affiliation of person filling out form				STATE ID # (***if any)***			
Date of Report:	MM	DD	2003	**Time of Report:**	:	AM PM	

2. State Health Department Contact	Last Name:	First Name:	**State:**			
Phone: ( )	Pager: ( )	Other ( )	☐ Phone ☐ Fax	Other ( )	☐ Phone ☐ Fax	
If reporter is not from State Health Department, has HD been notified?	☐ Yes ☐ No ☐ N/A	Notified by EOC? ☐ Yes Date:				

3. Reporter or Clinician Contact	Last Name:	First Name:				
Hospital or Clinic Name:		City:				
County/Borough:	State:	ZIP:				
Phone: ( )	Pager: ( )	Other ( )	☐ Phone ☐ Fax	Other ( )	☐ Phone ☐ Fax	

4. Patient Information	Last Name:	First Name:			
City of residence:	County/Boro of residence:	State of Residence:	ZIP:	Country:	
Phone 1: ( )	☐ Patient ☐ Other	Phone 2: ( )	☐ Patient ☐ Other		
Date of Birth: MM DD YYYY	Age _____	☐ Years ☐ Months	Sex ☐ Male ☐ Female		
Race: ☐ White ☐ Black ☐ Asian/Pacific Islander ☐ American Indian/Alaskan Native ☐ Other: _____		Ethnicity: ☐ Hispanic ☐ Non-Hispanic Nationality: _____			

5. Occupation	Healthcare worker? ☐ Yes ☐ No	***If yes, specify*** ☐ Physician ☐ Nurse/PA ☐ Laboratory ☐ **Other:** _____	
If ***not a*** healthcare worker, list occupation:			

6. Signs and Symptoms	Date of symptom onset:	MM	DD	YYYY
	Date of fever onset:	MM	DD	YYYY

Check all signs and symptoms that apply

☐ Temperature ≥ 38°C (≥100.5°F)	Highest Temperature _____	☐°C ☐°F	☐ Cough	☐ Shortness of breath/ difficulty breathing
☐ Hypoxia (Room air O_2 saturation < 94%)	☐ Respiratory Distress Syndrome—(ARDS)			
☐ Radiographic findings of pneumonia (specify) ☐ Lobar consolidation ☐ Interstitial infiltrate ☐ Pleural effusion ☐ARDS ☐ Other: _____				
☐ Other symptoms or relevant findings, List:				

7. Clinical status at the time of report	☐ Outpatient ☐ Emergency Room ☐ Inpatient ☐ Died

Was patient hospitalized for > 24 hours during course? ☐ Yes ☐ No ☐ Unknown

Was patient admitted to the intensive care unit (ICU)?	☐ Yes ☐ No ☐ Unknown	Is patient currently in ICU?	☐ Yes ☐ No ☐ Unknown
Was patient placed on mechanical ventilation?	☐ Yes ☐ No ☐ Unknown	Is patient currently on mechanical ventilator?	☐ Yes ☐ No ☐ Unknown

Date of Hospitalization:	MM	DD	YY	**Date of Discharge or Death**	MM	DD	YY

Name of Hospital:	**City:**	**State:**	**Phone number:**

***If transferred,* Date of transfer:**	MM	DD	YY	**Date of Discharge or Death from receiving hospital**	MM	DD	YY

Name of Receiving Hospital:	**City:**	**State:**	**Phone number:**

If patient died: Was an autopsy performed?	☐ Yes ☐ No ☐ Unk	Was pathology consistent with Respiratory Distress Syndrome?	☐ Yes ☐ No ☐ Unk

Was pathology consistent with Respiratory Distress Syndrome?

What was the cause of death based on autopsy? _____ ☐ Unknown

8. Diagnostic evaluation:	Has an etiology for patient's illness been determined? ☐ Yes ☐ No ***If yes***: list: _____

Please fill in results of any tests that have been performed at this time:

☐ Blood culture(s) ☐ Positive ☐ Negative ☐ Pending **Comment/Result:**_____

☐ Sputum gram stain ☐ Positive ☐ Negative ☐ Pending **Comment/Result:**_____

☐ Rapid Influenza test ☐ Positive ☐ Negative ☐ Pending **Comment/Result:**_____

☐ Respiratory Syncytial Virus ☐ Positive ☐ Negative ☐ Pending **Comment/Result:**_____

☐ Lowest **WBC** Count: _____ ☐ Lowest **Platelet** Count: _____

Other pertinent diagnostic tests:

☐ Test _____ ☐ Positive ☐ Negative ☐ Pending **Comment/Result:**_____

☐ Test _____ ☐ Positive ☐ Negative ☐ Pending **Comment/Result:**_____

☐ Test _____ ☐ Positive ☐ Negative ☐ Pending **Comment/Result:**_____

9. Travel History	Did patient travel to any the following destinations within 10 days of symptom onset? ☐ Yes, ***specify below*** ☐ No ☐ Unknown travel history								
1. China, mainland	☐ Yes ☐ No ☐ Unk	If Yes, specify which locations in sections 1a.-1ff. If No or Unk, please skip to section 2.							
a. ☐ Anhui Province, PRC	**DATES** From:	MM	DD	YY	To:	MM	DD	YY	
b. ☐ Beijing city	**DATES** From:	MM	DD	YY	To:	MM	DD	YY	
c. ☐ Chongqing city	**DATES** From:	MM	DD	YY	To:		DD	YY	
d. ☐ Fujian Province, PRC	**DATES** From:	MM	DD	YY	To:	MM	DD	YY	
e. ☐ Gansu Province, PRC	**DATES** From:	MM	DD	YY	To:	MM	DD	YY	
f. ☐ Guizhou Province, PRC	**DATES** From:	MM	DD	YY	To:	MM	DD	YY	
g. ☐ Guangdong Province, PRC	**DATES** From:	MM	DD	YY	To:	MM	DD	YY	
h. ☐ Guangxi Province, PRC	**DATES** From:	MM	DD	YY	To:	MM	DD	YY	
i. ☐ Hainan Province, PRC	**DATES** From:	MM	DD	YY	To:	MM	DD	YY	
j. ☐ Hebei Province, PRC	**DATES** From:	MM	DD	YY	To:	MM	DD	YY	
k. ☐ Heilongjiang Province, PRC	**DATES** From:	MM	DD	YY	To:	MM	DD	YY	
l. ☐ Henan Province, PRC	**DATES** From:	MM	DD	YY	To:	MM	DD	YY	
m. ☐ Hong Kong city	**DATES** From:	MM	DD	YY	To:	MM	DD	YY	
n. ☐ Hubei Province, PRC	**DATES** From:	MM	DD	YY	To:	MM	DD	YY	
o. ☐ Hunan Province, PRC	**DATES** From:	MM	DD	YY	To:	MM	DD	YY	
p. ☐ Jiangsu Province, PRC	**DATES** From:	MM	DD	YY	To:	MM	DD	YY	
q. ☐ Jiangxi Province, PRC	**DATES** From:	MM	DD	YY	To:	MM	DD	YY	
r. ☐ Jilin Province, PRC	**DATES** From:	MM	DD	YY	To:	MM	DD	YY	
s. ☐ Liaoning Province, PRC	**DATES** From:	MM	DD	YY	To:	MM	DD	YY	
t. ☐ Macao city	**DATES** From:	MM	DD	YY	To:	MM	DD	YY	
u. ☐ Inner Mongolia (Nei Mongol) Province, PRC	**DATES** From:	MM	DD	YY	To:	MM	DD	YY	

v. ☐ Ningxia Province, PRC	**DATES** From:	MM	DD	YY	To:	MM	DD	YY
w. ☐ Qinghai Province, PRC	**DATES** From:	MM	DD	YY	To:	MM	DD	YY
x. ☐ Shandong Province, PRC	**DATES** From:	MM	DD	YY	To:	MM	DD	YY
y. ☐ Shanghai city	**DATES** From:	MM	DD	YY	To:	MM	DD	YY
z. ☐ Shanxi Province, PRC	**DATES** From:	MM	DD	YY	To:	MM	DD	YY
aa. ☐ Sichuan Province, PRC	**DATES** From:	MM	DD	YY	To:	MM	DD	YY
bb. ☐ Tianjin city	**DATES** From:	MM	DD	YY	To:	MM	DD	YY
cc. ☐ Tibet (Xizang) Province, PRC	**DATES** From:	MM	DD	YY	To:	MM	DD	YY
dd. ☐ Xinjiang Province, PRC	**DATES** From:	MM	DD	YY	To:	MM	DD	YY
ee. ☐ Yunnan Province, PRC	**DATES** From:	MM	DD	YY	To:	MM	DD	YY
ff. ☐ Zhejiang Province, PRC	**DATES** From:	MM	DD	YY	To:	MM	DD	YY
2. Hanoi, Vietnam ☐ Yes ☐ No ☐ Unk	**DATES** From:	MM	DD	YY	To:	MM	DD	YY
3. Singapore ☐ Yes ☐ No ☐ Unk	**DATES** From:	MM	DD	YY	To:	MM	DD	YY
4. ☐ Other _____ City/State/Country	**DATES** From:	MM	DD	YY	To:	MM	DD	YY
5. ☐ Other _____ City/State/Country	**DATES** From:	MM	DD	YY	To:	MM	DD	YY
6. ☐ Other _____ City/State/Country	**DATES** From:	MM	DD	YY	To:	MM	DD	YY

Purpose(s) of trip and activities: ☐ Business ☐ Visit Family/Friends ☐ Vacation ☐ Other

Did patient travel with a group or a group tour? *If yes, give the contact information for the group organizer below:*	☐ Yes ☐ No ☐ Unknown

Name of group or organization:	Name of contact person in charge:	
Contact Phone: ( )	Contact Fax: ( )	Contact Email:

Please answer following questions only if patient spent time in Hong Kong (including only airline transfers):

Did patient overnight or have a day room in a hotel in Hong Kong?	☐ Yes ☐ No ☐ Unknown
At which hotel did patient overnight or have a day room in Hong Kong?	

Dates of hotel contact: ____/____/_____ to ____/____/_____	Nights spent in hotel:	Floor(s) of hotel visited:	Room number(s):

Did patient ever go into the Metropole Hotel for any reason?
□ Yes, ***specify below*** □ No □ Don't know

If yes, please describe what patient did in the hotel?

Did the patient share any form of transportation with persons who were Metropole Hotel guests?
□ Yes, ***specify below*** □ No □ Don't know

If **yes**, please describe the circumstances:

10. Flight History

List all travel by plane or ship in the 10 days before onset:

Date?	Departure Location?	Arrival Location?	Cruise Line?	Airline?	Flight #?

Did the patient receive a yellow card as they disembarked from their return flight from Asia instructing them to seek medical evaluation if they became ill?
□ Yes □ No □ Unknown

11. Contact history

In the 10 days prior to onset of symptoms, did the patient have close contact with any person with respiratory illness who traveled to Mainland China and Hong Kong; Hanoi, Vietnam; or Singapore? ***If yes, give contact information below***
□ Yes □ No □ Unknown

In the 10 days prior to onset of symptoms, did the patient care for, live with, or have direct contact with respiratory secretions and/or body fluids of another patient known to be a suspect SARS case? ***If yes, give contact information below***
□ Yes □ No □ Unknown

In the 10 days prior to onset of symptoms, did the patient travel on an airline flight together with another person known to be a suspect SARS case? ***If yes, give contact information below***
□ Yes □ No □ Unknown

Contact Last: First: CDC ID# □ Household □ Healthcare worker □ Other _____

Did contact travel to area with SARS transmission? □ Yes □ No □ Unknown ***If yes, where?*** _____

Contact Last: First: CDC ID# □ Household □ Healthcare worker □ Other _____

Did contact travel to area with SARS transmission? □ Yes □ No □ Unknown ***If yes, where?*** _____

Contact Last: First: CDC ID# □ Household □ Healthcare worker □ Other _____

Did contact travel to area with SARS transmission? □ Yes □ No □ Unknown ***If yes, where?*** _____

12. FOR CDC use only : Meets Suspect Case Definition: □ Yes □ No

Notes:

Completed forms should be faxed to the CDC Emergency Operations Center at 770-488-7107.

Patient Name: _____